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23638 7590 12/15/2006				Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.			
ADAMS EVANS P.A. 301 SOUTH TRYON STREET, SUITE 2180 TWO WACHOVIA CENTER CHARLOTTE, NC 28282-1991				Certificate of Mailing or Transmission I hereby certify that this Fec(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.			
011111111111111111111111111111111111111	C 20202-1991		·			(Depositor's name)	
						(Signature)	
						(Date)	
APPLICATION NO.). FILING DATE		FIRST NAMED INVENTOR	ra ra	ATTORNEY DOCKET NO. CONFIRMATION NO.		
10/518,207			Kurt W. Niederer	·	420/13	3201	
TITLE OF INVENTION: C	OMPENSATING DI	SK TENSION CONTRO	LLER				
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FE	E TOTAL FEE(S) DUE	DATE DUE	
nonprovisional	YES	\$700	\$300	\$0	\$1000	03/15/2007	
EXAMINI	ER	ART UNIT	CLASS-SUBCLASS]			
DONDERO, WI		3654	242-419400	•			
1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.			2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to				
☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required. 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON			listed, no name will be printed.				
PLEASE NOTE: Unless	RESIDENCE DATA an assignee is identifi	TO BE PRINTED ON T	HE PATENT (print or typ	e)			
PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has bee recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment. (A) NAME OF ASSIGNEE						ocument has been filed for	
Moveleimo Limitad			(B) RESIDENCE: (CITY and STATE OR COUNTRY)				
a control officer language							
Please check the appropriate	assignee category or c	categories (will not be pri	nted on the patent):	Individual 😾 Corpora	ation or other private gro	up entity 🔲 Government	
4a. The following fee(s) are submitted: 4b. Payment of Fee(s): (Please first reapply any previously paid issue fee sh						hown above)	
Issue Fee Publication Fee (No small entity discount permitted)			A check is enclosed.				
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5. Change in Entity Status (from status indicated	_	overpayment, to Depos	it Account Number	(enclose an	extra copy of this form).	
a. Applicant claims Sy	IALL HNTITY MATE	See 37 GFR 1.27.	b. Applicant is no long	er claiming SMALL FN	JTITV status See 37 CE	P 1 27(~)(2)	
NOTE: The Issue Fee and Phinterest as shown by the Jecot	Airation Fee Of Idani	rodVuvii hot ha account	C	e applicant; a registered	attorney or agent; or the	assignee or other party in	
Authorized Signature	The O	eller	0	Date _ 3	119/07		
Typed or printed name	W. Thad Adam	ns, <u>III</u>	·	Registration No.	<u>290</u> 37		
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